

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="width: 30%;"> SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/943925</div> </div> <div style="width: 10%;"> FILING DATE </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> APPLICANT(S) </div> <div style="width: 60%;"> CLAIMS </div> </div>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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42							92						
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46													
47													
48													
49													
50													
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	11		11				TOTAL DEP.						
TOTAL CLAIMS	13		13				TOTAL CLAIMS						